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APPLICANTS

Ali I. Fattom, Rockville, MD;

Robert B. Naso, Gaithersburg, MD;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <u>DAJ</u> Initials	STATE OR COUNTRY MD	SHEETS DRAWING 0	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 1
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ADDRESS

22428
 FOLEY AND LARDNER LLP
 SUITE 500
 3000 K STREET NW
 WASHINGTON, DC
 20007

TITLE

Glycoconjugate vaccines for use in immune-compromised populations

FILING FEE RECEIVED 870	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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